

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/19/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295044	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/12/2007
NAME OF PROVIDER OR SUPPLIER HEARTHSTONE OF NORTHERN NEVADA			STREET ADDRESS, CITY, STATE, ZIP CODE 1950 BARING BLVD SPARKS, NV 89434		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS This Statement of Deficiencies was generated as a result of a complaint investigation conducted in your facility on 10/10/07. The investigation was completed on 10/12/07. Complaint NV00016010 alleged that the facility failed to notify a resident's family of an emergency transfer and failed to ensure that a resident's personal belongings were returned after discharge. The complaint was substantiated. See Tags F 157 and F 166. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.	F 000	<i>This plan of correction is prepared and executed because it is required by the provisions of the state and federal regulations and not because</i> <i>Hearthstone of Northern Nevada agrees with the allegations and citations listed on the statement of deficiencies.</i> <i>Hearthstone of Northern Nevada maintains that the alleged deficiencies do not, individually and collectively, jeopardize the health and safety of the residents, nor are they of such character as to limit our capacity to render adequate care as prescribed by regulation. This plan of correction shall operate as</i> <i>Hearthstone of Northern Nevada's written credible allegation of compliance. By submitting this plan of correction</i> <i>Hearthstone of Northern Nevada does not admit to the accuracy of the deficiencies. This plan of correction is not meant to establish any standard of care, contract, obligation, or position, and</i> <i>Hearthstone of Northern Nevada reserves all rights to raise all possible contentions and defenses in any civil or criminal claim, action or proceeding.</i>		
F 157 SS=D	483.10(b)(11) NOTIFICATION OF CHANGES A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).	F 157			

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BUREAU OF LICENSURE
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CARSON CITY, NEVADA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Delmar M. Jeter RN

ACTING
DON / ADMINISTRATOR

10/29/07

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 157	<p>Continued From page 1</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, staff interviews and family interview, it was determined that the facility failed to notify the resident's family of a significant change in the resident's physical condition and of the resident's emergency transfer to an acute care facility.</p> <p>Findings include:</p> <p>Resident #1: The resident was admitted to the facility on 8/15/07 after a short stay in an acute facility for a closed fracture of the femur. His diagnoses included osteoarthritis, malaise and fatigue, and peripheral vascular disease. The primary reason for admission to the extended care facility was for physical rehabilitation. During his stay, he was noted to be tired and lethargic, nauseated with a poor appetite and having had some loose stools. His wife was listed as the emergency contact on the Admission Record.</p> <p>Review of the record revealed that at approximately 2:50 AM on 9/27/07, while the</p>	F 157	<p>F157 D</p> <ol style="list-style-type: none"> 1. Resident #1 no longer resides in the facility. 2. A random audit of charts of residents who have been transferred or had a change of condition will be completed to determine if appropriate notifications have been made. 3. In-service conducted on notification to families and physicians per federal and state guidelines conducted with Licensed Nursing staff. 4. Director of Nursing and/or designee will audit resident charts utilizing the 24 hour report form and Quality of Care meetings to monitor compliance. Results will be reported to Performance Improvement Committee monthly times three, quarterly times one, then randomly thereafter. Allegation of Compliance is 11/08/07. 	11/8/07	

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F 157	Continued From page 2 certified nursing assistants were making rounds, it was found that the resident had a large amount of blood in the peri-area. When the nurse investigated, it was found that there was blood with large clots coming from the resident's rectal area. The physician's service and the emergency ambulance service were notified and the resident was transferred to the emergency room at 3:05 AM. There was no documentation in the charting that the resident's family had been notified. In a telephone interview with the resident's wife on 10/12/07 at 9:10 AM, she stated that she did not know that her husband's condition had changed or that he had been transferred to an acute care facility until approximately 7:00 AM on 9/27/07 when she received a phone call from her husband's private physician. During an interview with the Director of Nurses on 10/10/07 at 10:40 AM, she stated that it was the floor nurses' responsibility to notify a resident's family of significant changes and/or transfers to another facility. She further stated that she did not know if the nurse had notified the resident's wife or not. In a telephone interview with the licensed nurse, who was involved with the resident's transfer, at 12:10 PM on 10/11/07, she stated that she did remember if she notified the family or not.	F 157			
F 166 SS=D	483.10(f)(2) GRIEVANCES A resident has the right to prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents.	F 166			

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HEARTHSTONE OF NORTHERN NEVADA

STREET ADDRESS, CITY, STATE, ZIP CODE

1950 BARING BLVD

SPARKS, NV 89434

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F 166

Continued From page 3
This REQUIREMENT is not met as evidenced by:
Based on record review and interview it was determined that the facility failed to respond to a family members notification of a resident's lost belongings.

Findings include:

Resident #1: The resident was admitted to the facility on 8/15/07 after a short stay in an acute facility for a closed fracture of the femur. The resident's diagnoses included osteoarthritis, malaise and fatigue and peripheral vascular disease. He was transferred to an acute care facility in an emergent manner on 9/27/07 where he died on 9/29/07.

In an interview with the Director of Nursing 10/10/07 at 10:40 AM, she stated that when a resident was transferred to an acute care facility, the facility's practice was to send the resident's more valuable possessions home with his family. The rest of his belongings were packed into plastic bags which were stored in central supply until the disposition of the resident was known. If the family of the resident was not immediately available, the valuable possessions were also placed in central supply.

She further stated that the resident's wife came into the facility on 9/28/07, and requested some of the resident's belongings. The resident's belongings had not been "bagged" and were still in the resident's room. The resident's wife was unable to locate a cell phone and charger, glasses and glass case, hearing aids and an insulated tote bag.

F 166

F166 D

1. Resident #1's family notified of found missing articles.
2. At the Quality of Care meetings, held weekly, the charts will be reviewed for Personal Property Inventory List and addressed as necessary.
3. The Licensed Nursing staff have been re-educated on the completion of the list and documentation as what the resident has taken with them when transferred.
4. Director of Nursing or designee to monitor effectiveness of this plan during monthly by randomly auditing transferred charts and results reported to the Performance Improvement meeting each month for the three months then quarterly time's one, randomly thereafter. Allegation of Compliance is 11/08/07

11/08/07

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F 166	<p>Continued From page 4</p> <p>Review of the Patient/Resident Possessions List found that the inventory list was dated 9/4/07, nineteen days after the resident's admission. It did not list any glasses, hearing aids, cell phones or tote bags. It was not signed by a facility representative.</p> <p>An interview was conducted via telephone on 10/11/07 at 12:10 PM, with the licensed nurse involved with the resident's transfer to the acute care facility. She stated that the resident's glasses or hearing aides did not go with him to the hospital.</p> <p>The social worker assigned to the resident had attempted to locate the missing articles. She stated during an interview on 10/10/07 that she believed that several items including the tote bag had been located.</p> <p>As of 10/12/07, the resident's wife stated that she had not had any communication from the facility as to the status of the missing articles.</p>	F 166		

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